



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Pain and Recovery Clinic – North

Respondent Name

Great Midwest Insurance Company

MFDR Tracking Number

M4-17-1154-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 28, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We feel that our facility should be paid according to the fee schedule guidelines. We are a CARF accredited facility and should not be subject to the twenty percent fee schedule reduction."

Amount in Dispute: \$4,000.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the EOB(s) and the reduction rationale(s) stated therein."

Response Submitted by: Flahive, Ogden and Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 12, 2016 – October 31, 2016	Chronic Pain Management	\$4,000.00	\$1,312.50

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.230 sets out the fee guidelines for rehabilitation programs with dates of service on or after September 1, 2016.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 309 – The charge for this procedure exceeds the fee schedule allowance.
 - P12 – Workers' compensation jurisdictional fee schedule adjustment.
 - 1001 – Based on the corrected billing and/or additional information now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.

- W3 – Additional payment made on appeal/reconsideration.

Issues

Is Pain and Recovery Clinic – North eligible for additional reimbursement?

Findings

Pain and Recovery Clinic – North is seeking additional reimbursement of \$4,000.00 for chronic pain management services performed September 12, 2016 through October 31, 2016. Fees for chronic pain management services performed after September 1, 2016 are subject to the guidelines found in 28 Texas Administrative Code §134.230, which states, in relevant part:

- (1) Accreditation by the CARF is recommended, but not required.
 - (A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the maximum allowable reimbursement (MAR).
 - (B) If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR...
- (5) The following shall be applied for billing and reimbursement of Chronic Pain Management/ Interdisciplinary Pain Rehabilitation Programs.
 - (A) Program shall be billed and reimbursed using CPT code 97799 with modifier "CP" for each hour. **The number of hours shall be indicated in the units column on the bill** [emphasis added]. CARF accredited programs shall add "CA" as a second modifier.
 - (B) Reimbursement shall be \$125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes.

For date of service September 12, 2016, Pain and Recovery Clinic – North billed procedure code 97799-CP-CA, 6 hours. Therefore, the maximum allowable reimbursement (MAR) for this service is \$750.00. Per explanations of benefits dated October 12, 2016 and November 22, 2016, Great Midwest Insurance Company (GMIC) reimbursed a total of \$375.00. An additional reimbursement of \$375.00 is recommended for this service.

For date of service October 7, 2016, Pain and Recovery Clinic – North billed procedure code 97799-CP-CA, 6.5 hours. Therefore, the MAR for this service is \$812.50. Per explanations of benefits dated November 2, 2016 and December 22, 2016, GMIC reimbursed a total of \$812.50. No further reimbursement is recommended for this service.

For date of service October 14, 2016, Pain and Recovery Clinic – North billed procedure code 97799-CP-CA, 6.5 hours. Therefore, the MAR for this service is \$812.50. Per explanations of benefits dated November 2, 2016 and December 22, 2016, GMIC reimbursed a total of \$812.50. No further reimbursement is recommended for this service.

For date of service October 17, 2016, Pain and Recovery Clinic – North billed procedure code 97799-CP-CA, 6 hours. Therefore, the MAR for this service is \$750.00. Per explanations of benefits dated November 2, 2016 and December 22, 2016, GMIC reimbursed a total of \$750.00. No further reimbursement is recommended for this service.

For date of service October 18, 2016, Pain and Recovery Clinic – North billed procedure code 97799-CP-CA, 6.5 hours. Therefore, the MAR for this service is \$812.50. Per explanations of benefits dated November 2, 2016 and December 22, 2016, GMIC paid a total of \$812.50. No further reimbursement is recommended for this service.

For date of service October 21, 2016, Pain and Recovery Clinic – North billed procedure code 97799-CP-CA, 5.5 hours. Therefore, the MAR for this service is \$687.50. Per explanations of benefits dated November 8, 2016 and December 22, 2016, GMIC reimbursed a total of \$687.50. No further reimbursement is recommended for this service.

For date of service October 28, 2016, Pain and Recovery Clinic – North billed procedure code 97799-CP-CA, 6.5 hours. Therefore, the MAR for this service is \$812.50. Per explanation of benefits dated November 14, 2016, GMIC reimbursed a total of \$250.00. An additional reimbursement of \$562.50 is recommended.

For date of service October 31, 2016, Pain and Recovery Clinic – North billed procedure code 97799-CP-CA, 4 hours. Therefore, the MAR for this service is \$500.00. Per explanation of benefits dated November 14, 2016, GMIC reimbursed a total of \$125.00. An additional reimbursement of \$375.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,312.50.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,312.50, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____ Laurie Garnes _____	_____ February 3, 2017 _____
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.